EST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

plication or Docket Number

48317USA1N.033

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			36				RATI	=	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC	EE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			36 minus 20=			16	X\$ 9	=		OR	X\$18=	288		
IND	EPENDENT CLA	IMS	∤ minus 3 =		*	0	X40=	=		OR	X80=			
MU	LTIPLE DEPEND	ENT CLAIM PF	RESENT				+135	=		OR	+270=			
* If	the difference ir	ocolumn 1 is	less than zero, enter "0" in c			olumn 2	TOTA	\L		OR	TOTAL	998		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY O				OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI PAID	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total *	23	Minus	** 0	36	=	X\$ 9	=		OR	X\$18=			
AME	Independent	, / TATIÔN OF M	Minus	***	Z Z CLAIM	=	X40:			OR	X80=			
	FIRST PRESEN	HATION OF M	JETIPLE DEF	ENDEN	I CLAIN		+135	=		OR	+270=			
							TO ADDIT. F	TAL		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT: 1							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 27	Minus	** 5	6	=	X\$ 9	=		OR	X\$18=			
	Independent FIRST PRESEN	* /	Minus	***	T CLAIM	=	X40	=		OR	X80=			
<u> </u>	FIRST PRESEN	TATION OF M	OLTIFLE DEF	ENDEN	CLAIN		+135	=		OR	+270=			
							TO ADDIT. I	TAL EE		OR	TOTAL ADDIT. FEE			
		(Column 1)			ımn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N N	Total	. 40	Minus	?	36	= 4	X\$ 9	=		OR	X\$18=	72.00		
ME	шиорошоош	· /	Minus	***	3	=	X40	=		OR	X80=			
الــُــ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+270=			
	If the entry in colum	nn 1 is less than t	the entry in colu	ımn 2, wri	ite "0" in c	olumn 3.	+135	= TAL		OR	TOTAL	02 00		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is I ss than 3, enter "3."									12,00					

The "Highest Number Pr viously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

04/837,800

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE		
FOR			NUMBER F	UMBER FILED		R EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00		
то	TAL CHARGEA	BLE CLAIMS	minus 20= *		*		X\$ 9=		OR	X\$18=			
IND	EPENDENT CL	AIMS	minus 3 = *				X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II										MAHT			
<u> </u>						(Column 3)	SMALL		UH	SMALL			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDM	Total	* 40	Minus	**	10	=	X\$ 9=		OR	X\$18=			
AME	Independent	* /	Minus	***	3		X42=		OR	X84=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
									OR	TOTAL	7		
6				<i>(</i> 0.1	•	(0.1	ADDIT. FEE	<u></u>	11	ADDIT. FEE			
	المستعدد والمستعدد المستعدد المستعدد	(Column 1) CLAIMS	المنابعة بمستوية بما		imn 2) HEST	(Column 3)			1				
AMENDMENT B	a and	REMAINING AFTER AMENDMENT		NUM PREV	MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***	T CL AIM	=	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=			
									OR	TOTAL ADDIT. FEE			
1		(Column 1)			ımn 2)	(Column 3)	ADDIT. FEE						
AMENDMENTE		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDW	Total	*	Minus	**	· · · · · · · · · · · · · · · · · · ·	=	X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***		=-	X42=		OR	X84=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		+140=		OR	+280=			
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													